

**Idaho Board of Health and Welfare
Minutes
August 17, 2009**

The Board of Health and Welfare convened at:

Pete T. Cenarrusa Bldg.
450 W. State Street
Boise, Idaho 83720

Board Members Present

Richard Roberge, M.D., Chairman
Richard Armstrong, Secretary
Dan Fuchs
Quane Kenyon
Darrell Kerby
Janet Penfold
Tom Stroschein
Senator Patti Anne Lodge
Representative Sharon Block

Staff Present

Drew Hall, Deputy Director, Family and Welfare Services
Richard Schultz, Deputy Director, Health Services
David Taylor, Deputy Director, Support Services
Betty Mills, Special Assistant to the Board
Elsie Boyd, Executive Assistant to the Director
Jeanne Goodenough, Deputy Attorney General
Kathleen Allyn, Behavioral Health Administrator
Russ Barron, Welfare Administrator
Christine Hahn, M.D., State Epidemiologist
Dia Gainor, Bureau Chief Emergency Medical Services
Bethany Gadzinski, Chief, Bureau of Substance Use Disorders
Angela Wickham, Chief, Bureau of Health Planning & Resource Development
Wayne Denny, Program Manager Emergency Medical Services
Scott Tiffany, Chief, Bureau of Behavioral Health
Lori Wolff, Welfare Deputy Administrator
Greg Kuntz, Welfare Deputy Administrator
Kathryn Turner,
Tamara Prisock, Human Resources Program Manager
Tom Shanahan, Public Information Manager

Others Present

Ken McClure, Givens Pursley
Amy Holly, Business Psychology Associates
Cheryl Johnson, Business Psychology Associates

Call to Order

Following proper notice in accordance with Idaho Code Section 67-2343 and pursuant to call by the Chairman, the meeting of the Idaho Board of Health and Welfare was called to order by Dr. Richard Roberge, Chairman of the Board, at 9:56 a.m. Monday, August 17, 2009, at the Pete T. Cenarrusa Bldg., 450 W. State Street, Boise, Idaho.

Roll Call

Richard Armstrong, Secretary, called the roll. Roll call showed nine members present, two members absent and none excused. With six voting members present, Chairman Roberge declared a quorum.

Public Comment Period

Chairman Roberge opened the floor for public comment. There being none, the Board advanced to the next order of business.

RULES GOVERNING EMERGENCY MEDICAL SERVICES

Docket No. 16-0203-0901 (Temporary/Proposed)

Senate Bill 1108aa, passed by the 2009 Legislature, makes changes and additions to Title 56, Chapter 10, Idaho Code that affects the Idaho Emergency Medical Services (EMS) Bureau administrative rules.

This rule change primarily updates definitions to be contemporary with changes to Idaho Code and replaces old terminology throughout the rule. The provision of nontransport EMS service minimum standards waiver requests is currently in the EMS chapter of rules but will be removed as the waiver provision is now contained in Idaho Statute. Changes in the national standards for EMS personnel eliminated the need for the Emergency Medical Technician-Intermediate (EMT-I) licensure level prior to the implementation of The Idaho EMT-I program. SB 1108 removed all references to the EMT-I from Title 56, Chapter 10. References to the EMT-I will therefore be removed from the Temporary Rule to create consistency in licensure levels with the new statutes.

Motion: Tom Stroschein moved that the Idaho Board of Health and Welfare adopt the "Temporary" rules for the "Rules Governing Emergency Medical Services," presented under Docket No. 16-0203-0901, with effective date of July 1, 2009.

Second: Quane Kenyon

Vote: Ayes: Fuchs, Kenyon, Kerby, Penfold, Roberge, Stroschein-- 6
Nays: None

Motion carried.

IDAHO REPORTABLE DISEASES

Docket No. 16-0210-0902 (Temporary)

These rules are being amended to add novel influenza A virus infection to the list of Reportable diseases in order to better protect the citizens of Idaho and to provide Guidance to health officials who are required to respond appropriately in case of an outbreak. These changes include reporting requirements, investigation requirements, and restrictions needed to help control the spread of the virus infection.

Motion: Darrell Kerby moved that the Idaho Board of Health and Welfare adopt the "Temporary" rules for the "Idaho Reportable Diseases," presented under Docket No. 16-0210-0902, with effective date of September 1, 2009.

Second: Janet Penfold

Vote: Ayes: Fuchs, Kenyon, Kerby, Penfold, Roberge, Stroschein—6
Nays: None

Motion carried.

MINIMUM STANDARDS GOVERNING ALCOHOL-DRUG ABUSE PREVENTION & TREATMENT PROGRAMS

Docket No. 16-0603-0902 (Temporary)

Licensing requirements that were removed from the rules that licensed residential treatment programs for children, are being added to this chapter of rules. Also, to ensure that children and adolescents being treated in state approved alcohol/drug abuse treatment programs are safe, the requirement to separate adults from children and adolescents is being added to this rule.

Motion: Daniel Fuchs moved that the Idaho Board of Health and Welfare adopt the "Temporary" rules for the "Rules and Minimum Standards Governing Alcohol/Drug Abuse Prevention and Treatment Programs," presented under Docket No. 16-0603-0902, with effective date of July 1, 2009.

Second: Tom Stroschein

Vote: Ayes: Fuchs, Kenyon, Kerby, Penfold, Roberge, Stroschein—6
Nays: None

Motion carried.

RULES AND MINIMUM STANDARDS FOR NON-HOSPITAL, MEDICALLY-MONITORED DETOXIFICATION/MENTAL HEALTH DIVERSION UNITS

Docket No. 16-0750-0901 (Rescind)

These temporary rules are being rescinded and the proposed rulemaking is being vacated for this docket in order to add additional requirements for standards of care and services for nonhospital, medically-monitored detoxification/mental health diversion units. The Department determined it would be less confusing and easier to read for the temporary rule to be rescinded and the proposed rules to be vacated in the same notice. The replacement chapter for IDAPA 16.07.50. "Rules and Minimum Standards for Nonhospital, Medically-Monitored Detoxification/Mental Health Diversion Units," is being published under Docket 16-0750-0902 in this October Idaho Administrative Bulletin, Vol. 09-10.

Motion: Quane Kenyon moved that the Idaho Board of Health and Welfare adopt the "Rescission of the Temporary Rule" for "Rules and Minimum Standards for Non-Hospital, Medically Monitored Detoxification/Mental Health Diversion Units," presented under Docket No. 16-0750-0901, effective March 30, 2009.

Second: Daniel Fuchs

Vote: Ayes: Fuchs, Kenyon, Kerby, Penfold, Roberge, Stroschein—6
Nays: None

Motion carried.

RULES AND MINIMUM STANDARDS FOR NONHOSPITAL, MEDICALLY-MONITORED DETOXIFICATION/MENTAL HEALTH DIVERSION UNITS (Chapter Rewrite)

Docket No. 16-0750-0902 (Temporary/Proposed)

A need has been identified for a nonhospital, medically-monitored detoxification/mental Health diversion unit facility in Idaho. Currently, no standards exist for licensing or Or regulating these proposed facilities. This rule chapter provides the minimum Standards, licensing, and regulations for a certificate of approval to operate a nonhospital,

Medically-monitored detoxification/mental health diversion unit in Idaho. These rules Also provide requirements for:

1. Application for a certificate of approval, renewal, and fee requirements;
2. Investigations, complaints, enforcement remedies, enforcement actions, and penalties, including denial, suspension, or revocation of the certificate of approval;
3. Standards that include policies and procedures on: client rights, medical care, services, and treatment;
4. Requirements for specific types of services in each detoxification unit, mental health diversion unit, and sobering station;
5. Staff qualifications, staffing hours, and work responsibilities; and
6. Minimum design and construction requirements for facilities.

Motion: Janet Penfold moved that the Idaho Board of Health and Welfare adopt the “Temporary” rules for “Rules and Minimum Standards for Nonhospital, Medically-Monitored Detoxification/Mental Health Diversion Units,” Presented under Docket No. 16-0750-0902, with an effective date of March 30, 2009.

Second: Tom Stroschein

Vote: Ayes: Fuchs, Kenyon, Kerby, Penfold, Roberge, Stroschein—6
Nays: None

Motion Carried.

ADOPTION OF BOARD MINUTES FROM THE MEETING HELD MAY 21, 2009

Motion: Quane Kenyan moved to correct the Minutes from the May 21, 2009 meeting. Corrections made were under Health Services Report on page 6, second bullet remove the word “been” and under the third bullet adding the word “for”.

Second: Dan Fuchs

Vote: Ayes: Fuchs, Kenyon, Kerby, Penfold, Roberge, Stroschein—6
Nays: None

Motion Carried.

Motion: Quane Kenyan moved to approve the corrected minutes from the May 21, 2009 meeting as corrected.

Second: Dan Fuchs

Vote: Ayes: Fuchs, Kenyon, Kerby, Penfold, Roberge, Stroschein—6
Nays: None

Motion Carried.

APPOINTMENT OF NOMINATING COMMITTEE

Dr. Roberge appointed Janet Penfold and Dan Fuchs as our Nominating Committee. They have been requested to present nominations for next years officers and report back to the Board during our November 19, 2009 Board meeting.

SUPPORT SERVICES REPORT

Continuity of Operations Plan (COOP)

The Department submitted to the Bureau of Homeland Security our COOP plan for the department as requested, on June 30, 2009. Phase 1 of this plan is completed. The Department is currently working on phase 2. Work is being done to customizing the plan based on the Regional Offices and office locations. A team of two are going out to each of the offices in the state, meeting with the key people, reviewing the plan and making sure they have alternative site locations should their office location no longer be available in order to carry out business. The Department will continue to work on maintaining the plan, training and testing of the plan and making sure things are in a working form. Phase 2 will continue on through Oct. 2010 and then we will begin Phase 3.

Modernization of Child Support Project (MOCS)

MOCS was successfully completed on June 30, 2009. It provided some enhanced features on the Departments website for the child support area, it also improved interfacing with other agencies and established a product called eCaseFile which allows for the electronic documentation of a clients case file. Currently they are working on back scanning of documents. This was delivered on time and on budget.

Idaho Benefits Eligibility System (IBES)

A formal Pilot Program was started on July 6, 2009 in the Payette office. The program is being used on a daily basis in order to insure that productivity will flow smoothly and correctly once it goes live on October 5, 2009. A Base Training began in April 2009. Approximately 380 employees will be required to participate in 40 hours of training, which will begin every Friday starting in September and ending on October 2nd. The benefits office will be closed on these days.

Medicaid Management Information System (MMIS)

A contract was signed with First Health for the Pharmacy Benefits Management system (PBM). They are planning to have this complete by February. The Department is waiting for Unisys to present us with a new proposal stating what they will be able to provide for us without any further expense. As of today the proposed schedule provided by Unisys has not been accepted. Director Armstrong has sent the Senior Executive of Unisys a letter placing them on notice of being in default of their contract. Staff remains confident with the product Unisys will be providing.

FY2011 PROPOSED DECISION UNIT (DU) SUMMARY

There are 29 proposed Decision Unit's (DU) for FY2011. They are divided as follows:

- Supplementals – Additional funds in current state budget year – 8
General Funds \$13,924,600 Total \$92,447,400
- Maintenance – Maintaining current levels of service – 4
General Funds \$102,908,200 Total \$153,720,300
- Expansions – New services or benefits – 17
General Funds \$4,249,000 Total \$13,323,000

FAMILY AND WELFARE SERVICES REPORT

Division of Welfare

Food Stamp Performance has remained very high during this time of struggle. Benefit Programs are still encountering consistent caseload growth. As projected, the caseload growth has increased and we anticipate this growth to continue. From June 2008 to June 2009 there was a 38% increase in caseload growth.

Self Reliance (SR) is feverishly working on developing, testing, training and implementing the new case management system, IBES. Some of the implementation activities include our formal pilot which began July 2009. Testing is ongoing of all critical business processes in Self Reliance to ensure the system is working accurately and critical adjustments are made prior to implementation. Meetings occur on a daily basis with internal and external partners to ensure work that occurs now with EPICS can continue with IBES. The eligibility case management system provides information to hundreds of users outside the SR Benefit Programs; interfacing and sharing this information with others is a critical aspect to a successful IBES implementation.

IBES implementation is planned for October 5, 2009. To meet that implementation date, the Department has started readiness and training activities in the field to begin getting staff familiar with the new system. All staff is participating in on-line training and computer based activities to navigate in and use IBES as a prerequisite to the September trainings. Plans to complete training of all staff statewide will be in September and October. Benefit Programs will be closed for regular business for four Fridays in a row beginning on September 11th and ending on October 2nd to train the majority of staff. SR will also be closed for business on October 1st. This will allow staff to learn the system and be prepared to take applications and process eligibility on October 5th in the new system. It will also help us be prepared to pay all cases in

EPICS (the old system) by the end of September, convert those cases to IBES, and be ready to work in the new system on October 5th.

The Child Support Project, called the Modernization of Child Support (MOCS), completed its one year project. This project focused on enhancing the document management system eCase file, implemented the Query Interstate Cases for Kids (QUICK) system, created a website for employers and parents, and created seven interfaces to provide the workers with information from external entities. Efficiencies from these new tools will be provided with our next Board Update.

The department started the EPICS Replacement Project with the intent to increase capacity. This has been successful. With increased capacity and improved business processes Benefits received the results from its Federal partners that their Food Stamp negative error rate (cases closed correctly) was at .72 which enabled them to receive a bonus of \$605,479.00 and ranked the department third in the nation. This was an improvement of 4.49 percent over the previous reporting period.

Benefit Programs completed the transition of all Food Stamp and Child Care maintenance activities to the Treasure Valley Processing Center (TVPC). Even though the transition is complete, work is still being done to stabilize their performance. Focus on efforts in three areas are being made to increase and sustain productivity and performance; streamline business processes and work load tracking; improve staff competencies in phone-based eligibility determinations and general customer interaction; improve the design, operation, and stability of phone hardware and software. These efforts have contributed to the TVPC having its best month in July for completing work.

As part of the Federal Best Practices program, Self Reliance hosted Food Stamp workers from the State of Alaska the last week of July. This was a great opportunity for the visiting State to learn what has made Idaho's Self Reliance program so successful.

The division has successfully implemented a statewide contract for work services, and expects to see significant gains in performance and efficiencies. They are working with the contractor on the transition issues. The 48% improvement in participation rates is an indication of these efforts and anticipation of additional improvement for the next reporting period.

Family and Community Services

- The new day care statute as approved will take effect on January 1, 2010. Several technical changes to the code have been submitted for revision next session. As the statute directs, revised day care rules have been drafted and will be presented at hearings next month. The rules have gone through the negotiated rulemaking process but may encounter some opposition in clarifying the intent of the code. Possible challenges surround ratios, the counting of provider's children as part of the requirement for licensure of a day care in home and group settings, and the creation of a day care

complaint system. The day care complaint system has been developed and is being piloted in Region III. The complaint system will run through Idaho's 2-1-1 Careline to assure centralized reporting of complaints about providers.

- Legislation of RS18664 amends Title 39 Chapter 11 of Idaho Code to revise and extend the State's licensing requirements for child care providers. The current code provides minimum health and safety standards for day care centers with thirteen or more children, but does not provide licensure for providers with fewer than thirteen. This legislation would extend licensing to all providers who receive compensation and care for four or more children, with specific exceptions maintained. This act establishes staff-child ration recommendations consistent with nationally accepted standards and provides for fees to be established based upon the number of children.

The Health and Welfare Department will serve as the portal or administrator for the program. The department will contract for the inspection services, receive and compile complaints and provide for a one-stop application process.

- The Division has entered the period of review for the Title IV-E Audit which will occur in the spring of 2010. Divisional preparation for the audit includes a review of all foster care and residential treatment placements that received Title IV-E funds. An estimated 1300 foster care licenses will be reviewed. The Division is midway through its own internal review to assure compliance. The internal review includes both a central office audit of IV-E eligibility and regional review of foster care licensing and placements. The method and tools for the internal review are the same as were used during the last federal review. The last federal review occurred three years ago. Only 4 errors were allowed for a "pass". Idaho passed with 4 errors. It is the Divisions intent to improve on this pass level.
- The Division is midway through the second quarter of their two-year Performance Improvement Plan (PIP). All goals for the first quarter have been completed as well as many of the second quarter goals. Regional Improvement Plans have been developed and are starting to be implemented. Division staff has been surveyed regarding the effectiveness of legal services and regional focus groups have met to clarify the issues. Child Welfare Supervisors were convened with a technical assistance team to develop a strategic plan to strengthen field supervisors relative to their clinical oversight of cases. Additional federal technical assistance has been provided to program staff and law enforcement to develop a decision tree to assist in determinations with regard to providing for the safety of children in their own home or moving to timely and appropriate removal.
- The Division has enlisted eight AmeriCorps Vista Volunteers to assist the KinCare project in every region and at the 2-1-1 Careline. The KinCare project supports caregivers who have stepped in to raise a relative's child through information,

resources, services and peer support. The Vista Volunteers are working towards not only supporting individual families but also to create resources such as child care, legal assistance, medical and dental care and caregiver education.

- The ISSH Transition Project is progressing according to plan and will produce a report for the upcoming legislative session. The Review Committee met on August 13th to review focus group input, the experience of other states engaged in similar efforts and the general and federal fund costs of ISSH.
- During the last legislative session, the Infant and Toddler Program developed rules around cost-sharing with families for services. These rules were developed through the negotiated rulemaking hearings throughout the state. The division is also actively exploring advocating for legislation for the coming session that will mandate insurance coverage for these medical services.
- The Division is using federal American Recovery and Reinvestment Act (ARRA) stimulus funds to complete the development of ITP-Web an automated system for the Infant and Toddler Program. The Division is beginning UAT testing and implementation is scheduled for mid-November. The new system will streamline service delivery, enhance reporting capacity and will add the ability to institute cost-sharing for services.
- In partnership with Medicaid, the DD program continues to respond to requests for increased service hours for Developmental Disability Agencies (DDA) and Intensive Behavioral Intervention Services (IBI) under EPSDT for children. The number of request has declined from a high of almost 30 in April to only 11 requests in July. 83% of the requested for IBI have been approved for additional hours while only 41% of request for expansion of developmental services hours have been approved.

HEALTH SERVICES REPORT

Adult Cystic Fibrosis Program

Senate Concurrent Resolution 112, passed by the 2009 Legislature, directed the Department of Health and Welfare to review the current Adult Cystic Fibrosis program and recommended changes to the Legislative Health Care Task Force. The four policy areas outlined in the concurrent resolution for review and recommended for change included: individual patient responsibility, uniform financial eligibility, maximization of the state Individual High Risk Re-Insurance Pool insurance coverage for adults in the Cystic Fibrosis Program, and alignment of the program eligibility and scope of services with other health benefit programs provided by the state of Idaho.

A recommendation to the Legislative Health Care Task Force will be made during the August 26, 2009 meeting that individuals participate in the cost of treatment based on a sliding fee

schedule linked to income guidelines. 200% of the Federal Poverty Level (FPL) will be recommended as the upper limit of income eligibility for participation in this program. Board members were asked to provide a recommendation to determine what option should be used based on family income. Options for consideration included:

- 1) Net Taxable income
- 2) Adjusted gross income
- 3) Adjusted gross income minus oh to get to medical expenses

A concern was brought before the Board pertaining to the Open Meeting Law Requirements. Mr. Stroschein stated that since the request for a possible recommendation regarding Cystic Fibrosis Benefits was not an agenda item, we should seek legal council's advice on whether we can make a recommendation. Deputy Attorney General Jeanne Goodenough drafted a motion and brought it before the Board.

Motion: I, Tom Stroschein, herby move that the agenda of the August 17, 2009, meeting of The Board of Health and Welfare be amended in compliance with Section 67-2343(4) (c), Idaho Code. The amendments include: 1) an addition to the Health Services Report to read "and Possible Recommendations Regarding Cystic Fibrosis Benefits," 2) an addition to the Support Services Report to read "and Possible Recommendations Regarding the Department's Budget." These amendments are the result of discussion among Board members regarding Change to the Open Meeting Law.

Second: Quane Kenyon

Vote: Ayes: Fuchs, Kenyon, Kerby, Penfold, Roberge, Stroschein—6
Nays: None

Motion Carried.

Motion: Quane Kenyon moved to recommend to the Department staff that a letter of recommendation be written to the Director of Health and Welfare or Governor, to request the Legislature use AGI as the basis for Cystic Fibrosis benefits.

Second: Darrell Kerby

Vote: Ayes: Kenyon, Kerby, Penfold—3
Nays: Fuchs, Stroschein—2

Motion carried.

Childhood Immunization Program

- In July the two million dollars that had previously funded the states portion of vaccine for children that were insured, was removed. The funding for this was gone. An effort was made to work with providers, insurers and physicians to come up with an alternative to maintain a Universal status of vaccination. Ultimately the Legislative Health Care Task Force recommended for the Governor to provide enough General Funds to purchase vaccines through the month of January, which the Governor agreed to. We are now providing vaccine once again to all children in the State of Idaho. We are a Universal State through January. No one in the DHW or State Government will be proposing to renew the Universal State coverage. Idaho has the lowest vaccination rate in the nation for children ages 18 - 36 months. Idaho is average in the nation beginning with 7th grade.

H1N1 FLU UPDATE

The Governor has asked that we not use the term "Swine flu" due to concerns from the agricultural community. Novel or Pandemic Flu are preferred titles. Expectations are there will be a sharp rise of Novel flu cases in the Fall due to rising cases in the Summer. There are currently 5 manufacturers working on the flu vaccine development; at least 2 of them are in clinical trials now. It is estimated that some vaccine will be available by mid-October. 45 million doses will be available at first, and then it will drop to 20 million doses weekly thereafter. Most likely, individuals will require 2 doses. Public Health (PH) Districts and providers are preparing for vaccine distribution and vaccination efforts.

The Department of Health and Welfare (DHW) will be running messages to encourage citizens to receive a flu shot. This will help boost individual's immunities and make them less susceptible to H1N1.

Currently, Idaho has 281 confirmed cases of H1N1. Counties that have been hardest hit are Ada County with 121 cases, Canyon County with 52 cases and Bonneville County with 20 cases. The rest of the cases are spread throughout the state.

DIRECTOR'S REPORT

- The Department is trying to improve productivity through more efficient management in all areas. Consolidation of management into different configurations or hubs allows our three Regional Directors to continue to support our community. We will maintain our local offices to provide outlets that are convenient for our citizens and will continue to support the local community development.
- The Budget for FY 2011 will not allow us to hire more employees. It may be out of necessity to make cuts in order to have a balanced budget. The Governor's Office and Legislative sources show that none of the Revenue Forecasts are looking favorable. We will be facing a more difficult Legislative Session than last year.

- Two additional responsibilities given to the Department are:
 - 1) The Indigent Program – We have hired Cynthia York to be the Project Manager over the evolution of the Statewide approach to Indigence. The deliverable being worked on is to discover what is happening around the state by county, to understand what their process and procedures are.
 - 2) Unified Application – between Medical Indigence from the county and Medicaid. This should happen in October. We need to have IBES implemented on time and can not sacrifice our business analysts needed to complete IBES to work on the application at this time. By Statute we need to have this application completed by June 2010.

ADJOURNMENT

The next meeting of the Board of Health and Welfare is scheduled to be held November 19, 2009. There being no further business to come before the Board, Chairman Roberge adjourned the meeting at 3:44 p.m.

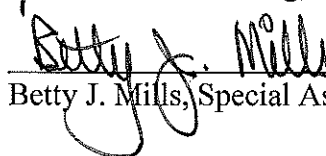
Respectfully signed and submitted by:



Richard T. Roberge, M.D., Chairman



Richard M. Armstrong, Secretary



Betty J. Mills, Special Assistant to the Board